



NONUSE REQUEST/RESUME OPERATIONS INSTRUCTIONS

These instructions will help you prepare your request. If you have questions about the nonuse request, please call us toll-free at (866) 859-2254 (in Helena at 444-6900).

How to File Your Request

E-file your nonuse request, through Taxpayer Access Point (TAP) <https://tap.dor.mt.gov>. You will need your Account ID, account type (on-premises) and zip code. Once you are registered, you will be able to file and view your past requests.

If you choose not to file electronically, complete NonUse form using blue or black ink. Print your Account ID and License Number in the blocks provided.

Mail your form to Montana Department of Revenue, Liquor Control Division, PO Box 1712, Helena, MT 59624-1712.

Specific Instructions

Line 1. Provide your name as the entity or individual that owns the liquor license.

Line 2. Provide your business name for the liquor license business.

Line 3. Provide your Account ID.

Line 4. Provide your Liquor License Number.

Line 5. Please input the date you would like to place your license on nonuse status. If you would like your license removed from nonuse status, please input the date you will resume operations.

Please be sure to sign and date your request if you are planning to mail it.

The Department may grant nonuse status not to exceed a one year period.

16-3-310, MCA, states that the licensee needs to demonstrate that nonuse is reasonably beyond the control of the licensee.

42.13.107 NONUSE STATUS (1) The department shall grant nonuse status to a licensee that is not operating a going establishment if:

- (a) the licensee submits a written verification documenting to the department's satisfaction how the nonuse is beyond the licensee's control; and
- (b) the request is received prior to exceeding 90 days of not operating a going establishment.

(2) The approved nonuse period shall not exceed one year.

(3) Prior to expiration of the approved nonuse period, the licensee shall resume operations and notify the department that operations have resumed.

(4) If a licensee fails to timely resume operations or provide the required notification, the department shall lapse the license pursuant to 16-3-310, MCA, and ARM 42.13.108.

(5) A licensee cannot resume operations of a license at premises where the licensee:

(a) was granted nonuse status for the license; and

(b) operated another license at the premises while the previous license was on nonuse status.

(6) The department shall deny a request for nonuse status if the licensee has been granted nonuse status for the license within the previous six months, unless the request is based upon reasons other than voluntary closure due to adverse economic conditions or a proposed sale of a license.

42.13.108 LAPSE OF LICENSE FOR NONUSE (1) A retail licensee shall operate the business as a going establishment unless the license has been approved for seasonal use pursuant to 42.13.112 or approved for nonuse pursuant to ARM 42.13.107.

(2) The department shall lapse a license based upon a licensee's failure to operate a going establishment for a period exceeding 90 consecutive days unless the license is approved for seasonal use or is granted nonuse status.



Nonuse Request/Resume Operations

Note: A Licensee who is unable to maintain a going establishment as stated in ARM 42.13.108, must request in writing the department's approval to close the establishment for a period longer than 90 days.

You have two options for sending your request to us.

- ▶ Fill out your request online at <https://tap.dor.mt.gov> **or**
- ▶ Mail your request to the address listed below.

Department of Revenue
Liquor Control Division
PO Box 1712
Helena, MT 59624-1712

1. Name of Licensee(s) _____

2. Business Name _____

3. Account ID - -

4. License Number - - -

5. Detailed Reason for Nonuse Request _____

☐ Nonuse Request _____
(Date)

☐ Resume Operations _____
(Date)

Declaration and Affidavit

I declare under penalty of false swearing that I am the applicant or the duly authorized representative of the entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.

Signature

Date

Printed Name

Title



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